



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/692,537 |
| TOTAL AMOUNT OF PAYMENT | | Filing Date | October 24, 2003 |
| (\$) | | First Named Inventor | Lan Kluwe |
| 705.00 | | Examiner Name | Y. J. Kim |
| | | Art Unit | 1637 |
| | | Attorney Docket No. | NNFF-1 CON |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 06-1075 (Order No. 105195-0001) |
| Deposit Account Name: Ropes & Gray LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|--------------------|---------------------|---|----------------------|----------------------------------|-----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 210 | 105 |
| Multiple dependent claims | | | | | | 370 | 185 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 7 | | - 20 = | x | = | Fee (\$) | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 1 | | - 3 = | x | = | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| | | - 100 = | / 50 = | | (round up to a whole number) x | = | |
| 4. OTHER FEE(S) | | | | | | | |
| | | | | | | Fees Paid (\$) | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month | | | | | | 525.00 | |
| 1806 Submission of an Information Disclosure Statement | | | | | | 180.00 | |

| | | | |
|---------------------|--------------------------|-----------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 61,315 |
| Name (Print/Type) | Joanne M. Holland, Ph.D. | Telephone | (617) 951-7126 |
| | | Date | September 9, 2008 |

| | |
|---|--|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 273858988 US, on the date shown below in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| Dated: 9/9/08 | Signature: Valerie J. Sarosky (Valerie J. Sarosky) |



Application No. (if known): 10/692,537

Attorney Docket No.: NNFF-1 CON

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM 273858988 US in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 9, 2008
Date



Signature

Valerie J. Sarosky

Typed or printed name of person signing Certificate

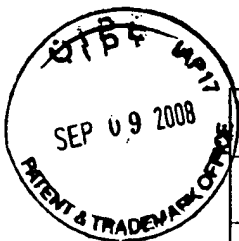
Registration Number, if applicable

(617) 854-2087
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Amendment and Reply to Office Action (14 pages)
Exhibits A and B
Supplemental Information Disclosure Statement (3 pages)
Form PTO/SB/08a/b (1 page)
Copies of References (2) (CA-CB)
Return Receipt Postcard



**AMENDMENT TRANSMITTAL LETTER**Docket No.
NNFF-1 CONApplication No.
10/692,537Filing Date
October 24, 2003Examiner
Y. J. KimArt Unit
1637

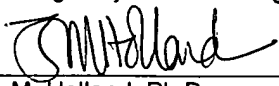
Applicant(s): Lan Kluwe

Invention: METHOD FOR THE DETERMINATION OF DATA FOR THE PREPARATION OF THE
DIAGNOSIS OF PHAKOMATOSIS**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|---|---|---|-----------------------------------|------|--------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 7 | - 20 = | | x | |
| Independent Claims | 1 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within third month; Submission of an Information Disclosure Statement | | | | | 525.00 |
| | | | | | 180.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 705.00 |

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 06-1075 (Order No. 105195-0001) in the amount of \$ 705.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 06-1075 (Order No. 105195-0001) as described below.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Joanne M. Holland, Ph.D.
Attorney/Agent Reg. No.: 61,315

Dated: September 9, 2008

ROPES & GRAY LLP
1211 Avenue of the Americas
New York, New York 10036
(617) 951-7126I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 273858988 US, on the date shown below in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9/9/08

Signature: Valerie J. Sarosky

(Valerie J. Sarosky)